

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXAS

Case number (if known): _____

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Wendy

First Name

Ann

Middle Name

Hernandez

Last Name

Suffix (Sr., Jr., II, III)

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 5 9 6 4

OR

9xx - xx - _____

xxx - xx - _____

OR

9xx - xx - _____

Debtor 1	Wendy Ann Hernandez	Case number (if known)
About Debtor 1:		
<p>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</p> <p>Include trade names and doing business as names</p>		
<input checked="" type="checkbox"/> I have not used any business names or EINs.		<input type="checkbox"/> I have not used any business names or EINs.
Business name		Business name
Business name		Business name
Business name		Business name
EIN _____		EIN _____
EIN _____		EIN _____
If Debtor 2 lives at a different address:		
<p>712 Sunrise Pass</p> <p>Number Street</p> <hr/> <hr/> <hr/>		
<p>Floresville TX 78114</p> <p>City State ZIP Code</p>		
<p>Wilson</p> <p>County</p>		
<p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p>		
<p>Number Street</p> <hr/>		
<p>P.O. Box</p> <hr/>		
<p>City State ZIP Code</p> <hr/>		
<p>Number Street</p> <hr/>		
<p>P.O. Box</p> <hr/>		
<p>City State ZIP Code</p> <hr/>		
6. Why you are choosing this district to file for bankruptcy		
<p>Check one:</p>		
<p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p>		
<p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>		
<p><input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p>		
<p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>		

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes.

District _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No

Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City State ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City State ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices.

If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No. I am not filing under Chapter 7. Go to line 18.
 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input checked="" type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input checked="" type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Wendy Ann Hernandez

Wendy Ann Hernandez, Debtor 1

X

Signature of Debtor 2

Executed on 10/21/2019

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ J. Todd Malaise _____ Date 10/21/2019
Signature of Attorney for Debtor MM / DD / YYYY

J. Todd Malaise

Printed name

Malaise Law Firm

Firm Name

909 NE Loop 410, STE 300

Number Street

San Antonio TX, 78209

City

State

ZIP Code

Contact phone (210) 732-6699

Email address notices@malaiselawfirm.com

00796984

Bar number

TX

State

Fill in this information to identify your case and this filing:

Debtor 1	Wendy	Ann	Hernandez
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1.

712 Sunrise Pass

Street address, if available, or other description

Floresville TX 78114
City State ZIP Code

Wilson
County

Value per county appraisal.

Manufactured home MV \$49,400

Land MV \$28,940

**Debtor holds 1/2 interest with mother,
Eva C. Dexter.**

**The lien is on both the land and the
manufactured home.**

What is the property?

Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the
entire property?**

**Current value of the
portion you own?**

\$78,340.00

\$39,170.00

**Describe the nature of your ownership
interest (such as fee simple, tenancy by the
entireties, or a life estate), if known.**

Homestead

**Check if this is community property
(see instructions)**

Who has an interest in the property?

Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

**Other information you wish to add about this item, such as local
property identification number:** _____

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any
entries for pages you have attached for Part 1. Write that number here.....**

\$39,170.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

\$0.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Describe.....	Household goods & furnishings	\$800.00
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7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Describe.....	Electronics	\$100.00
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8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Describe.....	Sports cards collection	\$200.00
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9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Describe.....		
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10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Describe.....		
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Debtor 1 Wendy Ann Hernandez Case number (if known) _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothes

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Jewelry

\$150.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

2 Dogs, 1 Cat

\$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....



\$1,550.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash: **\$20.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1.	Checking account:	RBFCU (joint w/ mother Eva C. Dexter)	\$300.00
17.2.	Checking account:	First Nat'l Bank Texas/First Convenience Bank (joint w/ mother Eva C. Dexter)	\$0.00
17.3.	Savings account:	RBFCU (joint w/ mother Eva C. Dexter)	\$5.00
17.4.	Savings account:	First Nat'l Bank Texas/First Convenience Bank (joint w/ mother Eva C. Dexter)	\$0.00

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes..... Institution or issuer name:

HEB Partner Stock Plan- 104.47012 units valued at \$49.78 each

\$5,200.00

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: **HEB Savings & Retirement Plan**

\$14,948.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes..... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____
State: _____
Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information

Alimony: _____
Maintenance: _____
Support: _____
Divorce settlement: _____
Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information

Debtor has pending workers' compensation claim against employer, HEB.	Unknown
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31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.....

Company name:	Beneficiary:	Surrender or refund value:
Term life policy through employer	Mother & daughter	\$0.00
Health savings account through employer		\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

No
 Yes. Give specific information

_____	_____
-------	-------

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

_____	_____
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34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

_____	_____
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Debtor 1 Wendy Ann Hernandez Case number (if known) _____

35. Any financial assets you did not already list

No
 Yes. Give specific information _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... → \$20,473.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

38. Accounts receivable or commissions you already earned

No
 Yes. Describe.. _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe.. _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe.. _____

41. Inventory

No
 Yes. Describe.. _____

42. Interests in partnerships or joint ventures

No
 Yes. Describe..... Name of entity: _____ % of ownership:

43. Customer lists, mailing lists, or other compilations

No
 Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe.... _____

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

44. Any business-related property you did not already list

No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → \$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No _____
 Yes.... _____

48. Crops--either growing or harvested

No _____
 Yes. Give specific information..... _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No _____
 Yes.... _____

50. Farm and fishing supplies, chemicals, and feed

No _____
 Yes.... _____

51. Any farm- and commercial fishing-related property you did not already list

No _____
 Yes. Give specific information..... _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → \$0.00

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$39,170.00

56. Part 2: Total vehicles, line 5 \$0.00

57. Part 3: Total personal and household items, line 15 \$1,550.00

58. Part 4: Total financial assets, line 36 \$20,473.00

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 \$0.00

62. Total personal property. Add lines 56 through 61..... \$22,023.00 Copy personal property total → + \$22,023.00

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$61,193.00

Fill in this information to identify your case:

Debtor 1	<u>Wendy</u> First Name	<u>Ann</u> Middle Name	<u>Hernandez</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 712 Sunrise Pass Value per county appraisal. Manufactured home MV \$49,400 Land MV \$28,940 Debtor holds 1/2 interest with mother, Eva C. Dexter. The lien is on both the land and the manufactured home.	\$39,170.00	<input checked="" type="checkbox"/> \$14,447.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
Line from <i>Schedule A/B</i> : <u>1.1</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>
Brief description: Household goods & furnishings	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>6</u>			
Brief description: Electronics	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>7</u>			
Brief description: Sports cards collection	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : <u>8</u>			
Brief description: Clothes	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>11</u>			
Brief description: Jewelry	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Line from <i>Schedule A/B</i> : <u>12</u>			
Brief description: 2 Dogs, 1 Cat	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>13</u>			
Brief description: Cash on hand	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : <u>16</u>			
Brief description: RBFCU (joint w/ mother Eva C. Dexter)	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : <u>17.1</u>			
Brief description: RBFCU (joint w/ mother Eva C. Dexter)	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : <u>17.3</u>			

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>
Brief description: First Nat'l Bank Texas/First Convenience Bank (joint w/ mother Eva C. Dexter) Line from <i>Schedule A/B</i> : <u>17.2</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: First Nat'l Bank Texas/First Convenience Bank (joint w/ mother Eva C. Dexter) Line from <i>Schedule A/B</i> : <u>17.4</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: HEB Partner Stock Plan- 104.47012 units valued at \$49.78 each Line from <i>Schedule A/B</i> : <u>18</u>	<u>\$5,200.00</u>	<input checked="" type="checkbox"/> <u>\$5,200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: HEB Savings & Retirement Plan Line from <i>Schedule A/B</i> : <u>21</u>	<u>\$14,948.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Brief description: Debtor has pending workers' compensation claim against employer, HEB. Line from <i>Schedule A/B</i> : <u>30</u>	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$6,597.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Term life policy through employer Line from <i>Schedule A/B</i> : <u>31</u>	<u>\$0.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Brief description: Health savings account through employer Line from <i>Schedule A/B</i> : <u>31</u>	<u>\$0.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Wendy Ann Hernandez**

CASE NO

CHAPTER **7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$39,170.00	\$49,445.00	\$14,447.50	\$14,447.50	\$0.00
3.	Motor vehicles (cars, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$800.00	\$0.00	\$800.00	\$800.00	\$0.00
7.	Electronics	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00
8.	Collectibles of value	\$200.00	\$0.00	\$200.00	\$200.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$300.00	\$0.00	\$300.00	\$300.00	\$0.00
12.	Jewelry	\$150.00	\$0.00	\$150.00	\$150.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household items-incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$20.00	\$0.00	\$20.00	\$20.00	\$0.00
17.	Deposits of money	\$305.00	\$0.00	\$305.00	\$10.00	\$295.00
18.	Bonds, mutual funds or publicly traded stocks	\$5,200.00	\$0.00	\$5,200.00	\$5,200.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$14,948.00	\$0.00	\$14,948.00	\$14,948.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Wendy Ann Hernandez**

CASE NO

CHAPTER **7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$6,597.50	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops--either growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$61,193.00	\$49,445.00	\$36,470.50	\$42,773.00	\$295.00

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Wendy Ann Hernandez**

CASE NO

CHAPTER **7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
Real Property			
(None)			
Personal Property			
(None)			
TOTALS:	\$0.00	\$0.00	\$0.00

Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Real Property				
(None)				
Personal Property				
RBFCU (joint w/ mother Eva C. Dexter)	\$300.00		\$300.00	\$295.00
TOTALS:	\$300.00	\$0.00	\$300.00	\$295.00

Summary	
A. Gross Property Value (not including surrendered property)	\$61,193.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$61,193.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$49,445.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$49,445.00
G. Total Equity (not including surrendered property) / (A-D)	\$36,470.50
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$36,470.50
J. Total Exemptions Claimed (Wild Card Used: \$12,027.50, Available: \$0.00)	\$42,773.00
K. Total Non-Exempt Property Remaining (G-J)	\$295.00

Fill in this information to identify your case:

Debtor 1 Wendy First Name Ann Middle Name Hernandez Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number
(if known) _____

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	--

2.1 Vanderbilt Mortgage & Finance, Inc 712 Sunrise Pass \$49,445.00 \$39,170.00 \$10,275.00

Creditor's name
Attn: Bankruptcy Dept
Number Street
P.O. Box 9800

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates
to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Conventional Real Estate Mortgage

Date debt was incurred 08/2013 Last 4 digits of account number 9 9 5 5

Add the dollar value of your entries in Column A on this page. Write that number here:

\$49,445.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$49,445.00

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1	Wilson County Tax Office Name 2 Library Lane, Ste. 1 Number Street <hr/> <hr/>	On which line in Part 1 did you enter the creditor? _____
		Last 4 digits of account number _____
	Floresville City	TX 78114 State ZIP Code
	Paid via escrow.	

Fill in this information to identify your case:

Debtor 1	Wendy First Name	Ann Middle Name	Hernandez Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name

Last 4 digits of account number

— — — —

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Is the claim subject to offset?

No
 Yes

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

4.1

Account Services \$136.00

Nonpriority Creditor's Name

1802 N.E. Loop 410, Ste. 400

Number Street

Last 4 digits of account number 4 8 3 4

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

San Antonio TX 78217

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -Star Anesthesia

4.2

\$187.00

American Medical Collection Agency

Nonpriority Creditor's Name

4 Westchester Plaza, Suite 110

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Elmsford NY 10523

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -Quest Diagnostics

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3		\$159.00
<p>Arctech, Inc Nonpriority Creditor's Name PO Box 10546 Number Street</p> <p>City Conway State AR ZIP Code 72034</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
		Last 4 digits of account number <u>2 7 2 9</u>
		When was the debt incurred? _____
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for -Avero Diagnostics</p>		
		\$775.00
<p>Baptist Health System Nonpriority Creditor's Name 615 Soledad, Suite 300 Number Street</p> <p>City San Antonio State TX ZIP Code 78205</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
		Last 4 digits of account number <u>1 4 3 5</u>
		When was the debt incurred? _____
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		
		\$900.00
<p>Baptist Health System Nonpriority Creditor's Name 615 Soledad, Suite 300 Number Street</p> <p>City San Antonio State TX ZIP Code 78205</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
		Last 4 digits of account number <u>1 2 6 6</u>
		When was the debt incurred? _____
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6		\$75.00
<p>Baptist Health System Nonpriority Creditor's Name 615 Soledad, Suite 300 Number Street</p> <p>City San Antonio State TX ZIP Code 78205</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
		Last 4 digits of account number <u>0 9 8 2</u>
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill
4.7		\$483.00
<p>Baptist Health System Nonpriority Creditor's Name 615 Soledad, Suite 300 Number Street</p> <p>City San Antonio State TX ZIP Code 78205</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
		Last 4 digits of account number <u>0 0 2 5</u>
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill
4.8		\$30.00
<p>BHS Physicians Network, Inc Nonpriority Creditor's Name PO Box 5730 Number Street</p> <p>City Belfast State ME ZIP Code 04915</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
		Last 4 digits of account number <u>1 4 3 8</u>
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9		\$45.00
<p>Business & Professional Services</p> <p>Nonpriority Creditor's Name Attn: Bankruptcy</p> <p>Number Street 621 N. Alamo St.</p> <p>City San Antonio State TX ZIP Code 78215</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
Last 4 digits of account number <u>0 8 1 4</u>		When was the debt incurred? <u>05/2016</u>
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for Pathology Reference Lab</p>		
4.10		
\$100.00		
<p>Cancer Care Centers of So. TX</p> <p>Nonpriority Creditor's Name PO Box 911234</p> <p>Number Street</p> <p>City Dallas State TX ZIP Code 75391-1234</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
Last 4 digits of account number <u>2 2 4 1</u>		When was the debt incurred?
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		
4.11		
\$238.00		
<p>CBE Group</p> <p>Nonpriority Creditor's Name PO Box 2547</p> <p>Number Street</p> <p>City Waterloo State IA ZIP Code 50704</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
Last 4 digits of account number <u>8 1 1 5</u>		When was the debt incurred?
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for -Directv</p>		

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12

\$283.00

Chandler Dental Clinic

Nonpriority Creditor's Name

11021 Old Corpus Christi Hwy. Ste A

Number Street

Last 4 digits of account number 7 2 4 1

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78223

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.13

\$14.00

Clinical Pathology Associates

Nonpriority Creditor's Name

PO Box 28770

Number Street

Last 4 digits of account number C P A L

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78755-8770

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.14

\$72.00

Clinical Pathology Associates

Nonpriority Creditor's Name

PO Box 28770

Number Street

Last 4 digits of account number C P A L

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78755-8770

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$62.00

Clinical Pathology Associates

Nonpriority Creditor's Name

PO Box 28770

Number Street

Last 4 digits of account number C P A L

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78755-8770

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.16

\$32.00

Clinical Pathology Associates

Nonpriority Creditor's Name

PO Box 28770

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78755-8770

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.17

\$13.00

Clinical Pathology Associates

Nonpriority Creditor's Name

PO Box 28770

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78755-8770

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

\$16.00

Clinical Pathology Associates

Nonpriority Creditor's Name

PO Box 28770

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78755-8770

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.19

\$6.00

Clinical Pathology Associates

Nonpriority Creditor's Name

PO Box 28770

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78755-8770

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.20

\$549.00

Clinical Pathology Associates

Nonpriority Creditor's Name

PO Box 28770

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78755-8770

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$19.00

CMRE Financial Services, Inc.
Nonpriority Creditor's Name
3075 E. Imperial Highway, #200
Number Street

Last 4 digits of account number 1 5 0 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Brea CA 92821
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for -River City Emergency Phys

4.22

\$36.00

CMRE Financial Services, Inc.
Nonpriority Creditor's Name
3075 E. Imperial Highway, #200
Number Street

Last 4 digits of account number 1 5 0 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Brea CA 92821
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for -River City Emergency Phys

4.23

\$18.00

Consultants in Womens Health
Nonpriority Creditor's Name
1210 Arion Pkwy
Number Street

Last 4 digits of account number _____

When was the debt incurred? 08/2019

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78216
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.24

\$780.00

Covington Credit/SMC
Nonpriority Creditor's Name
3800 S New Braunfels Av
Number Street

Last 4 digits of account number 3 2 7 0

When was the debt incurred? 07/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78223
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Note Loan

4.25

\$44.00

Credit Systems International, Inc
Nonpriority Creditor's Name
1277 Country Club Lane
Number Street

Last 4 digits of account number 3 4 2 3

When was the debt incurred? 04/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Fort Worth TX 76112
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for Greater San Antonio Emergency Phys

4.26

\$25.00

Daryl Currier MD
Nonpriority Creditor's Name
PO Box 98
Number Street

Last 4 digits of account number 2 6 6 5

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Stockdale TX 78160
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$204.00

Datasearch Inc

Nonpriority Creditor's Name

85 NE Loop 410

Number Street

Ste 575

San Antonio TX 78217

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Barred by statute of limitations

4.28

\$136.00

Datasearch Inc

Nonpriority Creditor's Name

85 NE Loop 410

Number Street

Ste 575

San Antonio TX 78217

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Barred by statute of limitations

Last 4 digits of account number 1 2 0 1

When was the debt incurred? 09/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Collecting for Star Anesthesia

Last 4 digits of account number 4 8 3 4

When was the debt incurred? 08/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Collecting for Star Anesthesia

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.29

\$334.00

Datasearch, Inc.

Nonpriority Creditor's Name

P.O. Box 461289

Number Street

Last 4 digits of account number 3 4 3 9

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78246

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for -University Health System

4.30

\$479.00

Financial Control Services

Nonpriority Creditor's Name

6801 Sanger Ave, Ste. 195

Number Street

Last 4 digits of account number 3 9 9 6

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Waco TX 76710

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for -South Texas Radiology

4.31

\$110.00

Financial Control Services

Nonpriority Creditor's Name

6801 Sanger Ave, Ste. 195

Number Street

Last 4 digits of account number 0 8 1 0

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Waco TX 76710

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for -South Texas Radiology

Is the claim subject to offset?

- No
- Yes

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.32

\$130.00

Gonzaba Medical Group

Nonpriority Creditor's Name

PO Box 843816

Number Street

Last 4 digits of account number 5 2 5 4

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Dallas TX 75284-3816

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bills

4.33

\$315.00

Little Spurs Pediatric UC-BAN

Nonpriority Creditor's Name

PO Box 951

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78294

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.34

\$113.00

M&S Radiology Associates

Nonpriority Creditor's Name

P.O. Box 2947

Number Street

Last 4 digits of account number M S R A

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78299-2947

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.35

\$16.00

Mark A. Porter, DDS, PA
Nonpriority Creditor's Name
18730 Stone Oak Parkway
Number Street
Suite 200

San Antonio TX 78258

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 7 9 8

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Dental bill

4.36

\$102.00

Medical Service R & D Plan
Nonpriority Creditor's Name
Central Office
Number Street
PO Box 759

San Antonio TX 78293-0759

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 0 7 4

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.37

\$55.00

NCO Financial Sys
Nonpriority Creditor's Name
2360 Campbell Creek, Ste 500
Number Street

Richardson TX 75082

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 7 4 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -UT Health Science Ctr

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.38

\$47.00

NCO Financial Sys

Nonpriority Creditor's Name

2360 Campbell Creek, Ste 500

Number Street

Last 4 digits of account number 0 7 4 5

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Richardson TX 75082

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for -UT Health Science Ctr

4.39

\$75.00

North Central Baptist Hospital

Nonpriority Creditor's Name

PO Box 843810

Number Street

Last 4 digits of account number 0 9 8 2

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Dallas TX 75284-3810

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.40

\$459.00

North Central Baptist Hospital

Nonpriority Creditor's Name

PO Box 843810

Number Street

Last 4 digits of account number 0 9 6 9

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Dallas TX 75284-3810

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.41

\$900.00

North Central Baptist Hospital

Nonpriority Creditor's Name

520 Madison Oak Dr

Number Street

Last 4 digits of account number 1 2 6 6

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78258

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.42

\$6,039.00

OneMain Financial, Inc.

Nonpriority Creditor's Name

921 10th Street, Suite 110

Number Street

Last 4 digits of account number 6 7 1 2

When was the debt incurred? 11/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Floresville TX 78114

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Note Loan

4.43

\$10.00

Pathology Reference Laboratory, L.L.C.

Nonpriority Creditor's Name

P.O. Box 2037

Number Street

Last 4 digits of account number 9 5 5 4

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78297

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bills

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.44

\$20.00

Pathology Reference Laboratory, L.L.C.

Nonpriority Creditor's Name

P.O. Box 2037

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78297

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.45

\$313.00

Phuong Nguyen, MS

Nonpriority Creditor's Name

7302 Louis Pasteur Dr

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78229

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.46

\$824.00

Progressive Leasing

Nonpriority Creditor's Name

256 Data Drive

Number Street

Last 4 digits of account number 6 4 0 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Draper UT 84020

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Lease agreement

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.47

\$6.00

Pumping Essentials

Nonpriority Creditor's Name

1660 School St., Suite 105A

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Moraga CA 94556

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.48

\$5.00

Quest Diagnostics

Nonpriority Creditor's Name

PO Box 740779

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Cincinnati OH 45274-0779

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.49

\$2.00

Quest Diagnostics

Nonpriority Creditor's Name

PO Box 740779

Number Street

Last 4 digits of account number 6 5 8 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Cincinnati OH 45274-0779

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.50

\$5.00

Quest Diagnostics

Nonpriority Creditor's Name
PO Box 740779

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Cincinnati OH 45274-0779

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.51

\$6.00

Quest Diagnostics

Nonpriority Creditor's Name
PO Box 740779

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Cincinnati OH 45274-0779

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.52

\$34.00

R. Brent Jackson DO PA

Nonpriority Creditor's Name
PO Box 593377

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78259

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.53

\$55.00

River City Emergency Physicians

Nonpriority Creditor's Name

PO Box 12740

Number Street

Last 4 digits of account number 8 3 2 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Westminster CA 92685-2740

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.54

\$165.00

Robert A Zajac MD PA

Nonpriority Creditor's Name

PO Box 2966

Number Street

Last 4 digits of account number 9 8 7 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78299

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.55

\$25.00

San Antonio Eye Center, P.A.

Nonpriority Creditor's Name

PO Box 1268

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78295

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 **Wendy Ann Hernandez** _____ Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.56

\$86.00

Sarma Collections, Inc

Nonpriority Creditor's Name

555 E Ramsey Rd

Number Street

Last 4 digits of account number 0 0 2 1

When was the debt incurred? 06/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78216

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Barred by statute of limitations

4.57

\$1,899.00

Security Finance

Nonpriority Creditor's Name

SFC Centralized Bankruptcy

Number Street

PO Box 1893

Last 4 digits of account number 0 9 4 8

When was the debt incurred? 08/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Spartanburg SC 29304

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.58

\$17,682.00

Security Service FCU

Nonpriority Creditor's Name

Risk Mgmt

Number Street

PO Box 69157

San Antonio TX 78269

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 0 2 1

When was the debt incurred? 03/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Auto Deficiency**

4.59

\$55.00

South Texas Spinal Clinic, PA

Nonpriority Creditor's Name

ATTN#9326C

Number Street

PO Box 14000

Belfast ME 04915

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

When was the debt incurred? 08/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

4.60

\$38.00

South Texas Spinal Clinic, PA

Nonpriority Creditor's Name

ATTN#9326C

Number Street

PO Box 14000

Belfast ME 04915

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number A 9 3 5

When was the debt incurred? 09/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.61

\$113.00

Specialized Collection Systems, Inc

Nonpriority Creditor's Name

POB 441508

Number Street

Last 4 digits of account number 9 1 3 7

When was the debt incurred? 02/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77244-1508

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Barred by statute of limitations

4.62

\$83.00

Star Anesthesia, P.A.

Nonpriority Creditor's Name

Mailstop: 64127186

Number Street

PO Box 660535

Last 4 digits of account number 7 5 6 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Dallas TX 75266

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.63

\$405.00

Sun Loan

Nonpriority Creditor's Name

921 10th St, Ste 110

Number Street

Last 4 digits of account number 0 7 3 5

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Floresville TX 78114

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Personal Loan

4.64

\$60.00

Test My Health, LLC

Nonpriority Creditor's Name

dba RediClinic

Number Street

9 E. Greenway Plaza, Suite 2950

Last 4 digits of account number

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77046

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.65

\$156.00

Tiger Sanitation

Nonpriority Creditor's Name

P.O. Box 200143

Number Street

Last 4 digits of account number 2 9 6 6

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78220

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Services Rendered

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.66

\$1,001.00

TLRA

Nonpriority Creditor's Name

2707 North Loop West, #400

Number Street

Last 4 digits of account number 1 1 8 5

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77008

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for -Children's Hospital of San Antonio

4.67

\$20.00

TX-I Medical Services, PA

Nonpriority Creditor's Name

PO Box 98822

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Las Vegas NV 89193

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.68

\$334.00

University Health System

Nonpriority Creditor's Name

4502 Medical Drive

Number Street

Last 4 digits of account number 9 4 8 9

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Antonio TX 78229-4493

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.69

\$5,426.00

VHS San Antonio Imaging Partners

Nonpriority Creditor's Name

P.O. Box 849553

Number Street

Dallas TX 75284

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.70

\$71.00

VHS San Antonio Imaging Partners

Nonpriority Creditor's Name

P.O. Box 849553

Number Street

Dallas TX 75284

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.71

\$1,226.00

Western Shamrock Corp

Nonpriority Creditor's Name

801 S Abe St

Number Street

Ste A

San Angelo TX 76903

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number Z 0 0 1

When was the debt incurred? 05/16/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Title Loan- Deficiency

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.72

\$31.00

Which Way USA

Nonpriority Creditor's Name

PO Box 80005

Number Street

Last 4 digits of account number 3 2 0 4

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Prescott AZ 86304

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collections

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Attorney General of the US Name Department of Justice Number Street 950 Pennsylvania Ave. NW	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line _____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Required Notification <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Washington DC 20530 City State ZIP Code	Last 4 digits of account number _____
Baptist Health System Name 615 Soledad, Suite 300 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line <u>4.40</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
San Antonio TX 78205 City State ZIP Code	Last 4 digits of account number _____
Internal Revenue Service Name P.O. Box 7346 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line _____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Required Notification <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Philadelphia PA 19101-7346 City State ZIP Code	Last 4 digits of account number _____
Retrieval-Masters Creditors Bureau Name 4 Westchester Plaza, Suite 110 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line <u>4.72</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Elmsford NY 10523 City State ZIP Code	Last 4 digits of account number _____
US Attorney's Office Name 601 NW Loop 410, Ste 600 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line _____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Required Notification <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
San Antonio TX 78216 City State ZIP Code	Last 4 digits of account number _____

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

VA Regional Office Name Office of District Counsel Number Street 2515 Murworth Dr	On which entry in Part 1 or Part 2 did you list the original creditor? Line _____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Required Notification <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Houston City	TX State 77054 ZIP Code	Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. <u>\$0.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. <u>\$0.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$44,767.00</u>
6j. Total. Add lines 6f through 6i.	6j. <u>\$44,767.00</u>

Fill in this information to identify your case:

Debtor 1	Wendy First Name	Ann Middle Name	Hernandez Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	Wendy First Name	Ann Middle Name	Hernandez Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line **2.1**

Schedule E/F, line _____

Schedule G, line _____

Vanderbilt Mortgage & Finance, Inc

3.1	Eva C. Dexter Name		
	712 Sunrise Pass Number Street		
	Floresville City	TX State	78114 ZIP Code

Fill in this information to identify your case:

Debtor 1	Wendy	Ann	Hernandez
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation**Bakery Lead****Employer's name****HEB****Employer's address****646 S Flores**

Number Street

Number Street

San Antonio

City State Zip Code

TX 78204

City State Zip Code

How long employed there? **11 years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1**For Debtor 2 or non-filing spouse**

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. **\$3,430.44**

3. Estimate and list monthly overtime pay.

3. + **\$0.00**

4. Calculate gross income. Add line 2 + line 3.

4. **\$3,430.44**

Debtor 1	Wendy Ann Hernandez	Case number (if known)			
		For Debtor 1	For Debtor 2 or non-filing spouse		
Copy line 4 here	→ 4.	\$3,430.44			
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$537.03			
5b. Mandatory contributions for retirement plans	5b.	\$0.00			
5c. Voluntary contributions for retirement plans	5c.	\$120.12			
5d. Required repayments of retirement fund loans	5d.	\$111.15			
5e. Insurance	5e.	\$209.04			
5f. Domestic support obligations	5f.	\$0.00			
5g. Union dues	5g.	\$0.00			
5h. Other deductions. Specify: <u>See continuation sheet</u>	5h. +	\$175.33			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$1,152.67			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,277.77			
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00			
8b. Interest and dividends	8b.	\$0.00			
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00			
8d. Unemployment compensation	8d.	\$0.00			
8e. Social Security	8e.	\$0.00			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00			
8g. Pension or retirement income	8g.	\$0.00			
8h. Other monthly income. Specify: _____	8h. +	\$0.00			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,277.77	+	\$2,277.77	\$2,277.77
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.					
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.					
Specify: <u>Mother's contribution</u>				11. +	\$250.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.				12.	\$2,527.77
Combined monthly income					
13. Do you expect an increase or decrease within the year after you file this form?					
<input checked="" type="checkbox"/> No.	None.				
<input type="checkbox"/> Yes. Explain:					

Debtor 1 Wendy Ann Hernandez

Case number (if known) _____

5h. Other Payroll Deductions (details)

United Way

For Debtor 1

For Debtor 2 or
non-filing spouse

\$8.67

Health Savings Account

\$166.66

Totals:

\$175.33

Fill in this information to identify your case:

Debtor 1	<u>Wendy</u>	<u>Ann</u>	<u>Hernandez</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

 No Yes. Fill out this information

for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Mother69 No YesDaughter12 No YesDaughter19 months No Yes No Yes No Yes**3. Do your expenses include expenses of people other than yourself and your dependents?** No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

Your expenses4. \$642.00

4b. Property, homeowner's, or renter's insurance

4a. _____

4c. Home maintenance, repair, and upkeep expenses

4b. _____

4d. Homeowner's association or condominium dues

4c. \$60.00

4d. _____

Debtor 1	Wendy Ann Hernandez	Case number (if known)	_____
Your expenses			
5.	Additional mortgage payments for your residence, such as home equity loans		
6.	Utilities:		
6a.	Electricity, heat, natural gas	6a.	_____ \$250.00
6b.	Water, sewer, garbage collection	(See continuation sheet(s) for details)	6b. _____ \$72.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	(Cell Phone)	6c. _____ \$100.00
6d.	Other. Specify: _____	6d.	_____
7.	Food and housekeeping supplies	(See continuation sheet(s) for details)	7. _____ \$330.00
8.	Childcare and children's education costs		8. _____ \$40.00
9.	Clothing, laundry, and dry cleaning	(See continuation sheet(s) for details)	9. _____ \$75.00
10.	Personal care products and services		10. _____ \$45.00
11.	Medical and dental expenses		11. _____ \$250.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		12. _____ \$250.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books		13. _____ \$100.00
14.	Charitable contributions and religious donations		14. _____
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	_____
15b.	Health insurance	15b.	_____
15c.	Vehicle insurance	15c.	_____ \$140.00
15d.	Other insurance. Specify: _____	15d.	_____
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17.	Installment or lease payments:		
17a.	Car payments for Vehicle 1 Payment for use of 2017 Mitsubishi	17a.	_____ \$143.00
17b.	Car payments for Vehicle 2	17b.	_____
17c.	Other. Specify: _____	17c.	_____
17d.	Other. Specify: _____	17d.	_____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19.	Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 **Wendy Ann Hernandez**

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: See continuation sheet

21. + \$30.77

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. _____ \$2,527.77
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. _____ \$2,527.77

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. _____ \$2,527.77
23b. Copy your monthly expenses from line 22c above.	23b. - \$2,527.77
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. _____ \$0.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:
None.

Debtor 1 Wendy Ann Hernandez

Case number (if known) _____

6b. Water, sewer, garbage collection (details):

Water	\$30.00
Septic maintenance	\$42.00
Total:	<u>\$72.00</u>

7. Food and housekeeping supplies (details):

Food	\$300.00
Toiletries, Cleaning Supplies, Etc.	\$30.00
Total:	<u>\$330.00</u>

9. Clothing, laundry, and dry cleaning (details):

Clothing	\$50.00
Laundry	\$25.00
Total:	<u>\$75.00</u>

21. Other. Specify:

Pet Expenses	\$30.00
Rounding factor	\$0.77
Total:	<u>\$30.77</u>

Fill in this information to identify your case:

Debtor 1	Wendy	Ann	Hernandez
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$39,170.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$22,023.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$61,193.00

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$49,445.00
---	--------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$0.00
---	---------------

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$44,767.00
--	----------------------

Your total liabilities **\$94,212.00**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$2,527.77
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$2,527.77
---	-------------------

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**\$3,567.29****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case:

Debtor 1	<u>Wendy</u> First Name	<u>Ann</u> Middle Name	<u>Hernandez</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Wendy Ann Hernandez
Wendy Ann Hernandez, Debtor 1

Date 10/21/2019
MM / DD / YYYY

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Wendy</u> First Name	<u>Ann</u> Middle Name	<u>Hernandez</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$32,161.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$30,187.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$33,851.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<u>Vanderbilt Mortgage & Finance, Inc</u> Creditor's name		<u>\$1,481.00</u>	<u>\$49,445.00</u>	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
<u>Attn: Bankruptcy Dept</u> Number Street	<u>Aug 2019</u>			
<u>P.O. Box 9800</u>	<u>Sept 2019</u>			
<u>Maryville</u> City	<u>TN</u> State	<u>37802</u> ZIP Code	<u>Bi-weekly pmts of \$296.20 each</u>	

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

No

Yes. List all payments to an insider.

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No
 Yes. Fill in the details.

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
SSFCU			
Name of Financial Institution	XXXX- _____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	<u>08/05/2019</u> <u>\$0.00</u>
Number Street			
City	State	ZIP Code	

Debtor 1	Wendy Ann Hernandez	Case number (if known)			
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
SSFCU Name of Financial Institution		XXXX- _____	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	<u>07/15/2019</u>	<u>\$15.00</u>
Number Street _____					
City _____ State _____ ZIP Code _____					

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Where is the property?	Describe the property	Value
Eva C. Dexter Owner's Name	2017 Mitsubishi Mirage- vehicle titled and financed in Debtor's mother's name. Debtor shares the vehicle with her mother and pays 1/2 of the monthly lien payments.	<u>\$10,000.00</u>
712 Sunrise Pass Number Street	712 Sunrise Pass Number Street	
Floresville City	TX 78114 State ZIP Code	Floresville City

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

d/b/a It Works

Business Name

712 Sunrise Pass

Number Street

Floresville

TX 78114

City

Describe the nature of the business
Wholesale- weight loss products & vitamins. Debtor never had any income.

Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____ - _____ - _____ - _____ - _____

Dates business existed

From 2015 **To** 2016

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Wendy Ann Hernandez

Wendy Ann Hernandez, Debtor 1

X _____

Signature of Debtor 2

Date 10/21/2019

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Wendy	Ann	Hernandez
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **Vanderbilt Mortgage & Finance, Inc**

Surrender the property.
 Retain the property and redeem it.

No
 Yes

Description of property securing debt: **712 Sunrise Pass**

Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Wendy Ann Hernandez
Wendy Ann Hernandez, Debtor 1

X _____
Signature of Debtor 2

Date 10/21/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

CERTIFICATE OF SERVICE

I, the below signed, do hereby certify that a true and correct copy of the foregoing Statement of Intention for Individuals Filing Under Chapter 7 was mailed or otherwise served to the Chapter 7 Trustee, the secured creditors as listed on Schedule D, the United States Trustee and/or to any other interested parties as may be required by B.R. 1007 and applicable local bankruptcy rules.

Date 10/21/2019

/s/ J. Todd Malaise
J. Todd Malaise

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

In re **Wendy Ann Hernandez**

Case No. _____

Chapter **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$1,400.00
Prior to the filing of this statement I have received.....	\$1,400.00
Balance Due.....	\$0.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/21/2019

Date

/s/ J. Todd Malaise

J. Todd Malaise
Malaise Law Firm
909 NE Loop 410, STE 300
San Antonio TX, 78209
Phone: (210) 732-6699 / Fax: (210) 732-5826

Bar No. 00796984

/s/ Wendy Ann Hernandez

Wendy Ann Hernandez

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Wendy Ann Hernandez**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/21/2019

Signature *Is/ Wendy Ann Hernandez*
Wendy Ann Hernandez

Date _____

Signature _____

Account Services
1802 N.E. Loop 410, Ste. 400
San Antonio, TX 78217

American Medical Collection Agency
4 Westchester Plaza, Suite 110
Elmsford, NY 10523

Arctech, Inc
PO Box 10546
Conway, AR 72034

Attorney General of the US
Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530

Baptist Health System
615 Soledad, Suite 300
San Antonio, TX 78205

BHS Physicians Network, Inc
PO Box 5730
Belfast, ME 04915

Business & Professional Services
Attn: Bankruptcy
621 N. Alamo St.
San Antonio, TX 78215

Cancer Care Centers of So. TX
PO Box 911234
Dallas, TX 75391-1234

CBE Group
PO Box 2547
Waterloo, IA 50704

Chandler Dental Clinic
11021 Old Corpus Christi Hwy. Ste A
San Antonio, Texas 78223

Clinical Pathology Associates
PO Box 28770
Austin, TX 78755-8770

CMRE Financial Services, Inc.
3075 E. Imperial Highway, #200
Brea, CA 92821

Consultants in Womens Health
1210 Arion Pkwy
San Antonio, TX 78216

Covington Credit/SMC
3800 S New Branunfels Av
San Antonio, TX 78223

Credit Systems International, Inc
1277 Country Club Lane
Fort Worth, TX 76112

Daryl Currier MD
PO Box 98
Stockdale, TX 78160

Datasearch Inc
85 NE Loop 410
Ste 575
San Antonio, TX 78217

Datasearch, Inc.
P.O. Box 461289
San Antonio, TX 78246

Eva C. Dexter
712 Sunrise Pass
Floresville, TX 78114

Financial Control Services
6801 Sanger Ave, Ste. 195
Waco, TX 76710

Gonzaba Medical Group
PO Box 843816
Dallas, TX 75284-3816

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Little Spurs Pediatric UC-BAN
PO Box 951
San Antonio, TX 78294

M&S Radiology Associates
P.O. Box 2947
San Antonio, TX 78299-2947

Mark A. Porter, DDS, PA
18730 Stone Oak Parkway
Suite 200
San Antonio, TX 78258

Medical Service R & D Plan
Central Office
PO Box 759
San Antonio, TX 78293-0759

NCO Financial Sys
2360 Campbell Creek, Ste 500
Richardson, TX 75082

North Central Baptist Hospital
PO Box 843810
Dallas, TX 75284-3810

North Central Baptist Hospital
520 Madison Oak Dr
San Antonio, TX 78258

OneMain Financial, Inc.
921 10th Street, Suite 110
Floresville, TX 78114

Pathology Reference Laboratory, L.L.C.
P.O. Box 2037
San Antonio, TX 78297

Phuong Nguyen, MS
7302 Louis Pasteur Dr
San Antonio, TX 78229

Progressive Leasing
256 Data Drive
Draper, UT 84020

Pumping Essentials
1660 School St., Suite 105A
Moraga, CA 94556

Quest Diagnostics
PO Box 740779
Cincinnati, OH 45274-0779

R. Brent Jackson DO PA
PO Box 593377
San Antonio, TX 78259

Retrieval-Masters Creditors Bureau
4 Westchester Plaza, Suite 110
Elmsford, NY 10523

River City Emergency Physicians
PO Box 12740
Westminster, CA 92685-2740

Robert A Zajac MD PA
PO Box 2966
San Antonio, TX 78299

San Antonio Eye Center, P.A.
PO Box 1268
San Antonio, TX 78295

Sarma Collections, Inc
555 E Ramsey Rd
San Antonio, TX 78216

Security Finance
SFC Centralized Bankruptcy
PO Box 1893
Spartanburg, SC 29304

Security Service FCU
Risk Mgmt
PO Box 69157
San Antonio, TX 78269

South Texas Spinal Clinic, PA
ATTN#9326C
PO Box 14000
Belfast, ME 04915

Specialized Collection Systems, Inc
POB 441508
Houston, TX 77244-1508

Star Anesthesia, P.A.
Mailstop: 64127186
PO Box 660535
Dallas, TX 75266

Sun Loan
921 10th St, Ste 110
Floresville, TX 78114

Test My Health, LLC
dba RediClinic
9 E. Greenway Plaza, Suite 2950
Houston, TX 77046

Tiger Sanitation
P.O. Box 200143
San Antonio, TX 78220

TLRA
2707 North Loop West, #400
Houston, TX 77008

TX-I Medical Services, PA
PO Box 98822
Las Vegas, NV 89193

University Health System
4502 Medical Drive
San Antonio, TX 78229-4493

US Attorney's Office
601 NW Loop 410, Ste 600
San Antonio, TX 78216

VA Regional Office
Office of District Counsel
2515 Murworth Dr
Houston, TX 77054

Vanderbilt Mortgage & Finance, Inc
Attn: Bankruptcy Dept
P.O. Box 9800
Maryville, TN 37802

VHS San Antonio Imaging Partners
P.O. Box 849553
Dallas, TX 75284

Western Shamrock Corp
801 S Abe St
Ste A
San Angelo, TX 76903

Which Way USA
PO Box 80005
Prescott, AZ 86304

Wilson County Tax Office
2 Library Lane, Ste. 1
Floresville, TX 78114

Fill in this information to identify your case:

Debtor 1	Wendy	Ann	Hernandez
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

 Check if this is an amended filing**Official Form 122A-1****Chapter 7 Statement of Your Current Monthly Income****10/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status? Check one only.**

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

- Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

**Column A
Debtor 1****Column B
Debtor 2 or
non-filing spouse**

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). **\$3,317.29**

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. **\$0.00**

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. **\$250.00**

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
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5. Net income from operating a business, profession, or farm

Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00
Ordinary and necessary operating expenses	-\$0.00
Net monthly income from a business, profession, or farm	\$0.00

Copy here → \$0.00

6. Net income from rental and other real property

Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00
Ordinary and necessary operating expenses	-\$0.00
Net monthly income from rental or other real property	\$0.00

Copy here → \$0.00

7. Interest, dividends, and royalties

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you..... \$0.00

For your spouse.....

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

_____ _____ _____
_____ _____ _____

Total amounts from separate pages, if any.

+ _____ + _____

Debtor 1 Wendy Ann Hernandez Case number (if known) _____

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$3,567.29	
+ 	= \$3,567.29
	Total current monthly income

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.....Copy line 11 here → 12a. \$3,567.29

Multiply by 12 (the number of months in a year). X 12

12b. The result is your annual income for this part of the form. 12b. \$42,807.48

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. Texas

Fill in the number of people in your household. 4

Fill in the median family income for your state and size of household..... 13. \$83,960.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Wendy Ann Hernandez

Wendy Ann Hernandez, Debtor 1

Date 10/21/2019
MM / DD / YYYY

X

Signature of Debtor 2

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.